U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

AGREEMENT AND ACTIVITIES REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006



This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440. Required of persons, including Labor Relations Consultants and Other Individuals and Organizations, Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended. (LMRDA)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.						
361494						
1. File Number: C- 00322	,					
D						
Person Filing 2. Name and mailing address (include 2)	ZIP Code):	3 Any othe	r address where record	ts necessary to verify this	report are kent:	
		Any other address where records necessary to verify this report are kept: Name				
Name Peter A List						
Title Founder & CEO		Title				
Organization Kulture Consulting, LLC		Organization				
P.O. Box, Bldg., Room No., if any		P.O. Box, Bldg., Room No., if any				
Street 759 Bloomfield Avenue	e, No. 301	Street 305 Eisenhower Parkway				
City West Caldwell		City Livingston				
State New Jersey	ZIP Code + 4 07006	State New	Jersey	ZIP Code + 4	07039	
4. Date fiscal year ends:	5. Type of person:					
Dec / 12	a. Individual b. Partnership	c. Corpo	ration d. Other (S	pecify): LLC		
Nature of Agreement or Arrangemen	<u>1t</u>	ı				
6. Full name and address of employer with whom made (include ZIP Code):		7. Date ente	ered into: 6	/ 18 / 201	.2	
Name		Name of person(s) through whom made:				
Organization PGO, LP						
Trade Name, if any		Name Paul Seeman				
P.O. Box, Bldg., Room No., if any		Name				
Street 900 N. Michigan Avenue, Suite 1900		Name				
City Chicago		Name				
State Illinois	ZIP Code + 4 60611	Name				
1	Signat	tures				
the information contained in any accord	per penalty of perjury and other applicable opponying documents) has been examined on VI on penalties in the instructions.)	penalties of laby the signat	aw, that all of the informory and is, to the best of	nation submitted in this re of the undersigned's know	eport (including Medge and belief,	
13. Signed	President (If other title, see instructions)	14. Signed	Michelle	lejandes	Treasurer (If other title, see instructions)	
Title Other (Specify) Founder & CEO		Title	Other (Specify Manager of Adm		,	
On 7-20-12 97	3-403-9901	On	7-20-18	973-403-9901		
Date	Telephone Number		Date	Telephone Number		

13	
<i>)</i> ^	
Filer: Peter List Kulture Consulting, LLC	File Number C- 00322
9. Check the appropriate box to indicate whether an object of the ac	tivities undertaken, is directly or indirectly:
a. To persuade employees to exercise or not to exercise, or collectively through representatives of their own choosing	persuade employees as to the manner of exercising, the right to organize and bargain
b. To supply an employer with information concerning the ac such employer, except information for use solely in conju	ctivities of employees or a labor organization in connection with a labor dispute involving nction with an administrative or arbitral proceeding or a criminal or civil judicial proceeding.
40. Toward and the Artificial death and included a Maillean	
10. Terms and conditions (Explain in detail; see instructions. Written	
Company was employed on a per day basis with amount of days to be performed. Fee scheduler	th no formal written agreement relative to duration or ule based on a per diem rate.
Specific Activities to be Performed	
11. For each activity, separately list in detail the information required	(See instructions):
a. Nature of activity:	
Conducted meetings to provide information	about union card-signing tactics.
11.b. Period during which performed:	11.c. Extent performed:
6/12 - 7/12	6/12
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name Quentin Nelson	Name Joanne Gitto Davis
Organization Kulture Consulting, LLC	Organization Kulture Consulting, LLC

11.b. Period during which performed:	11.c. Extent performed:			
6/12 - 7/12	6/12			
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:			
Name Quentin Nelson	Name Joanne Gitto Davis			
Organization Kulture Consulting, LLC	Organization Kulture Consulting, LLC			
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any			
Street 759 Bloomfield Avenue, #301	Street 759 Bloomfield Avenue, #301			
City West Caldwell	City West Caldwell			
State New Jersey ZIP Code + 4 07006	State New Jersey ZIP Code + 4 07006			
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:			
NO PETITION	NO PETITION			

iler: Peter List Kulture Consulting, LLC	File Number C-	00322
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Specific Activities to be Performed (Continuation Page)

- 11. For each activity, separately list in detail the information required (See instructions):
 - a. Nature of activity:

Conducted meetings to provide information about union card-signing tactics.

11.b. Period during which performed:	11.c. Extent performed:			
6/12 - 7/12	6/12			
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:			
Name James Hulsizer	Name			
Organization Kulture Consulting, LLC	Organization			
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any			
Street 759 Bloomfield Avenue, #301	Street			
City West Caldwell	City			
State New Jersey ZIP Code + 4 07006	State ZIP Code + 4			
Additional Name and address through whom performed, if any:	Additional Name and address through whom performed, if any:			
Name	Name			
Organization	Organization			
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any			
Street	Street			
City	City			
State ZIP Code + 4	State ZIP Code + 4			
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:			
NO PETITION	NO PETITION			

Kulture Consulting, LLC

759 Bloomfield Avenue, #301 * West Caldwell, NJ * 07006 (973) 403-9901 (O) * (973) 403-0817 (F)



July 20, 2012

Ms. Kay F. Bethea U.S. Department of Labor Employment Standards Administration Office of Labor-Management Standards 200 Constitution Avenue, NW, Room N-5616 Washington, DC 20210

Dear Ms. Bethea:

RE: Amended Report for Rivers Casino

We recently submitted an LM-20 Report for Rivers Casino. This letter is to advise you that the Parent company for Rivers Casino is PGO, LP, and Kulture Consulting was hired by them to conduct meetings at Rivers Casino, a subsidiary. I have enclosed an amended report for filing.

Please contact me with any questions you may have.

Sincerely.

Manager of Administration

/mea

Enclosures

cc: Paul Seeman, High Penn Oversight, L.P.